

1. YOUR DETAILS

Surname	_____	Home Address	_____
Forename	_____		_____
Date of Birth	_____		_____
AAT Membership No	_____	Postcode	_____
Email (Home)	_____	Mobile	_____
Email (Work)	_____	Telephone	_____

2. EXAM REQUIREMENTS *(please tick and specify date and time)*

IS THE EXAM A RESIT? YES NO

LEVEL 2 (AQ2016)			LEVEL 3 (AQ2016)		
Date/Time		£	Date/Time		£
<input type="checkbox"/>	Bookkeeping Transactions	57	<input type="checkbox"/>	Management Accounting: Costing	57
<input type="checkbox"/>	Bookkeeping Controls	57	<input type="checkbox"/>	Advanced Bookkeeping	57
<input type="checkbox"/>	Elements of Costing	57	<input type="checkbox"/>	Final Accounts Preparation	57
<input type="checkbox"/>	Computerised Accounting	57	<input type="checkbox"/>	Indirect Tax	57
<input type="checkbox"/>	Synoptic	58	<input type="checkbox"/>	Synoptic	63

LEVEL 4 (AQ2016)		
Date/Time		£
<input type="checkbox"/>	Financial Statements of Limited Companies	57
<input type="checkbox"/>	Management Accounting: Budgeting	57
<input type="checkbox"/>	Management Accounting: Decision & Control	57
<input type="checkbox"/>	Synoptic	64

LEVEL 4: OPTIONAL UNITS - CHOOSE 2 FROM 5					
Date/Time		£	Date/Time		£
<input type="checkbox"/>	Business Tax	57	<input type="checkbox"/>	External Auditing	57
<input type="checkbox"/>	Credit Management	57	<input type="checkbox"/>	Cash & Treasury Management	57
<input type="checkbox"/>	Personal Tax	57			

3. EMPLOYER *(please complete this section if your employer is paying for your exam)*

Manager Name	_____	Billing Address	_____
Manager Email	_____		_____
Telephone	_____		_____
PO Number	_____	Managers Signature	_____

4. OTHER PAYMENT

Total People Funded
 Quote Invoice Number _____

If you are paying card, we will contact you. Please leave preferred number _____

5. OUR CONTACT DETAILS

Please send your completed booking form to:

Email: elouise@icountraining.com

Post: 16th Floor Manchester One, Portland Street, Manchester M1 3LD